



Diocese of Albany

Website: www.rcda.org

VOLUNTEER APPLICATION

**PLEASE COMPLETE THE APPLICATION IN FULL AND PRINT ALL THE REQUIRED INFORMATION LEGIBLY – THANK YOU!
THIS FORM SHOULD BE RETURNED TO THE VOLUNTEER COORDINATOR AT THE PARISH, SCHOOL, OR AGENCY AT
WHICH YOU WISH TO PROVIDE VOLUNTEER SERVICES.**

Date _____ Type of Service _____

PERSONAL INFORMATION

Last Name First Middle

Address (Street Number) City State Zip

Telephone Numbers Day Evening email address

In an emergency

Notify _____ Relationship _____ Telephone _____

Are you 18 years or older? Yes _____ No _____

What volunteer position are you applying for? _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, give details:

Please note: A conviction is not an absolute bar to volunteer service but will be considered before accepting offers of service.

Has there ever been a finding against you involving child abuse or maltreatment? Yes _____ No _____ If yes, give details:

Why do you want to volunteer in this ministry? _____

What skills or previous experience do you have that might contribute to your work in this ministry? _____

Do you speak any language other than English? _____ What language? _____

Availability? _____

Additional comments _____

References (References should not be family members)

1. Name _____			
Address _____			
(street)	(City)	(Zip)	(email)
Phones: Daytime _____		Evening _____	
How do you know this person? _____			
How long have you known this person? _____			
2. Name _____			
Address _____			
(street)	(City)	(Zip)	(email)
Phones: Daytime _____		Evening _____	
How do you know this person? _____			
How long have you known this person? _____			
3. Name _____			
Address _____			
(street)	(City)	(Zip)	(email)
Phones: Daytime _____		Evening _____	
How do you know this person? _____			
How long have you known this person? _____			

Authorization

The information provided on this form is true and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in suspension of my services. I grant permission to check my background and references and release the diocese and all diocesan locations from all liability that may result.

I further understand that all persons who will have contact with children or vulnerable adults are required to comply with Diocesan Safe Environment policies and procedures and are required to undergo a state and federal criminal background check.

(Signature)

(Date)

For Parish Office Use:

References checked by _____	Date: ____/____/____
Background check completed at beginning of ministry	Date: ____/____/____
Safe Environment Training completed before beginning ministry	Date: ____/____/____
Diocesan Code of Conduct Certificate of Completion filed	Date: ____/____/____
Diocesan Tech Policy Certificate of Completion filed	Date: ____/____/____
Diocesan Social media Certificate of Completion filed	Date: ____/____/____
Diocesan Sexual Harassment Certificate of Completion filed	Date: ____/____/____